

SECRET
Classification

Approved For Release 2006/11/13 : CIA-RDP75-00399R000100140131-7
REPORTS INVENTORY

PREPARE IN DUPLICATE

DDS/OTR/ ☐ - 14 25X1

1. TITLE OF REPORT (If a fill-in report include Form No.)

Monthly Health Report

2. TYPE
OF
REPORT

☒ STATISTICAL
☒ NARRATIVE
☐ MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

TRAINING

LOGISTICS

SECURITY

☒

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

2

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Monthly

6. DISTRIBUTION (No. of components not
number of copies)

2

7. FORMAT (memorandum, form
computer print-out, etc)
Form

8. ADP PROCESSING

YES

IF YES GIVE ADP PROCESSING NO.

☒

NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Director of Medical Services

10. PREPARING COMPONENT (include lowest level
contributing information to report)

Medical Branch

11. FEEDER REPORTS (State total number and identify by Title,
Form No., or nomenclature. Attach separate sheet if necessary.)

None

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	<input checked="" type="checkbox"/> HOURS PER REPORT	= COST PER REPORT	<input checked="" type="checkbox"/> TIMES PREPARED	= COST PER YEAR
GS 11	\$6.50	12	\$6.50	12/annum	\$78.00

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$78.00

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN,
INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

This report was first submitted July, 1953 at the request of the Director of Medical Services. It is a statistical report of the numbers and types of illnesses and injuries treated during the month. It is broken into employee/dependent groupings for each of the above. The report includes detailed information on patients either hospitalized or referred for additional treatment. All other activities of the Medical Branch are included in a narrative statement thereby keeping the Office of Medical Services informed of all Station medical activities.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

☒ RETAIN AS IS ☐ OTHER (explain)
☐ CHANGE
☐ DISCONTINUE

MAN-HOURS

0

DOLLARS

0 STAT

16. DATE OF INVENTORY

9/30/70

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

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18. EXTENSION

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